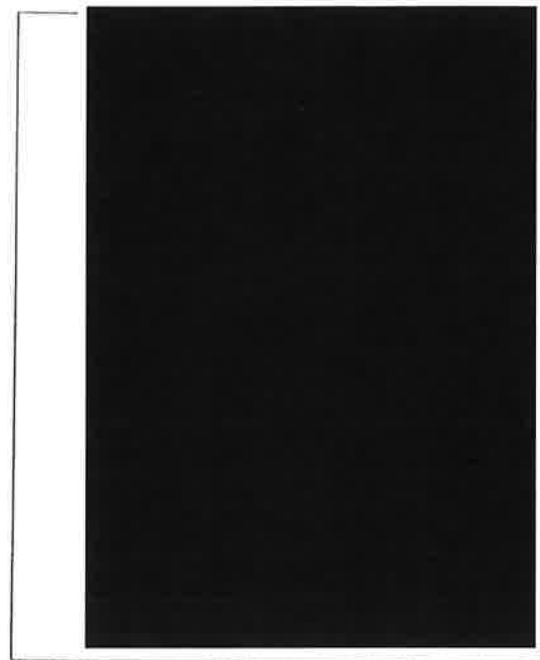


NAME (LAST)	(FIRST)	(M.I.)

EMPLOYEE NO.	SOCIAL SECURITY NO.

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)

DATE OF PHOTOGRAPH:

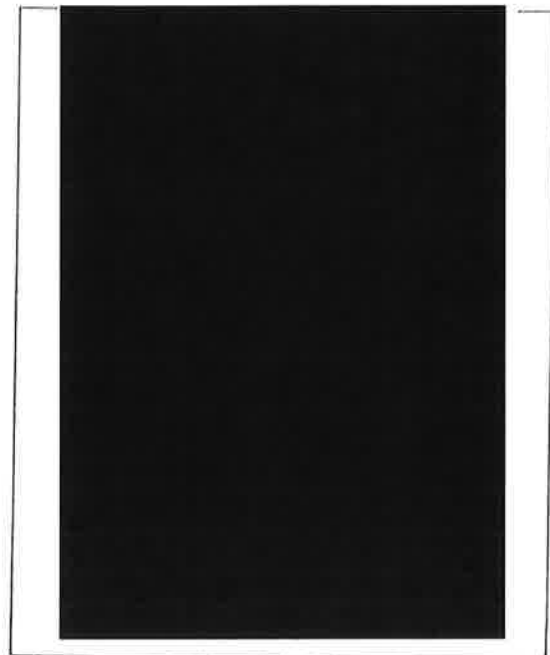


NAME (LAST)	(FIRST)	(M.I.)

EMPLOYEE NO.	SOCIAL SECURITY NO.

DATE OF BIRTH	DATE OF APPOINTMENT
(DAY) (MONTH) (YEAR)	(DAY) (MONTH) (YEAR)

DATE OF PHOTOGRAPH:



CPD - 62.328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE

ACTION INVOLVED

- ☐ NEW HIRE
- ☐ TRANSFER INTO DEPT
- ☐ REHIRE
- ☒ PROMOT. POLICE OFF
- ☐ SPECIAL POLICE

REINSTATEMENT

- ☐ CAREER SERVICE
- ☐ MILITARY LEAVE
- ☐ LEAVE OF ABSENCE
- ☐ DISABILITY PENSION

TITLE CHANGE

- ☐ PROMOTION
- ☐ DEMOTION
- ☐ CERTIFICATION
- ☐ TITLE CHANGE ONLY

- ☐ PRINTS ON FILE

COMMENTS

[REDACTED]

STAR NO.

EMPLOYMENT RECORDS ROUTING SLIP 26 Apr 86

PREPARE IN QUAPPLICATE: BLUE COPY TO FINANCE DIVISION
PINK COPY TO FINANCE DIVISION - PAYROLL
GREEN COPY TO F.B.I. - IDENTIFICATION
WHITE COPY TO CPD IDENTIFICATION SECTION

17815

PRESS HARD

NAME (LAST - FIRST - M.I.)

O'Brien, James W.

MAIDEN NAME

EMPLOYEE NO.

UNIT

ZIP CODE

RES. DIST.

60655

ADDRESS

HOME PHONE

MARITAL STATUS

SOCIAL SECURITY NO.

BIRTHDATE (MO-DAY-YR.)

Single

SEX

RACE

Chicago, IL. m

C.S. STATUS

GRADE

STEP

TITLE CODE

POSITION TITLE

BUDGET

ACTIVITY

PAGE

LINE

BUDGET RATE

9161 Prob. Police Off.

FED. TAX EXEMPT.

MARRIED SINGLE

CHARITY AMT.

DID YOU EVER WORK IN THE CITY SERVICE? IF YES, WHAT POSITION DID YOU HOLD?

YES NO

ACTION INITIATED BY

DATE

EMPLOYMENT SECTION APPROVAL

DATE

IDENTIFICATION CLEARANCE

FINGERPRINTED LOCAL

INITIAL & DATE

JUN 12 1986

PAYROLL NO.

RATE

ANNIVERSARY DATE

SENIORITY DATE

APPOINTMENT DATE

SWORN INSURANCE

FORCED GROSS

PROMOTION DATE

EMPLOYEE NO.

ENTERED BY

VERIFIED BY

RECORD INDICATED BY APPLICANT

NO RECORD IDENT. SECT.

IDENT. SECT.

FINANCE DIVISION

DATE

F.B.I.

SIGNATURE OF PERSON EXAMINING FILE

NAME CHECK - RECORDS INQUIRY SECTION

CHICAGO POLICE DEPARTMENT

Arrest - name check only

NO RECORD

RECORD ATTACHED

CHECKED BY 320

DATE

SIGNATURE OF PERSON EXAMINING FILE

CPD-62.125 (Rev. 6/85)

APPLICANT		State Bureau Number - (8C)		Last Name - NAM		First Name		Middle Name	
Submitting Agency		St. [redacted]		O'Brien		James		W.	
Position Title		Police Officer		Sex		DOB		Height	
Citizenship		M		W		5'8"		6'05"	
Submitting Agency NCIC No.		[redacted]		Hair		Skin		SCARS MARKS TATTOOS	
Reply To		[redacted]		820		[redacted]		[redacted]	
CHICAGO POLICE DEPARTMENT		1121 S. STATE ST.		Firearm Owners ID No.		Miscellaneous No. - MINU.		State Use Only	
CHICAGO, ILLINOIS 60605		[redacted]		Classification		Reference		NCIC - Fingerprint Classification - FPC	
[redacted]		[redacted]		Date Printed		Mon.		Day	
[redacted]		[redacted]		04		26		86	
SEE REVERSE SIDE FOR SIGNATURE OF PERSON		[redacted]		Yr.		[redacted]		[redacted]	
BEING PRINTED.		[redacted]		[redacted]		[redacted]		[redacted]	





City of Chicago
Employee Change of Address Form

Department Police Bureau _____
Name D'Brino James W
Position title PROBATIONARY Police Officer
Social Security number [REDACTED]

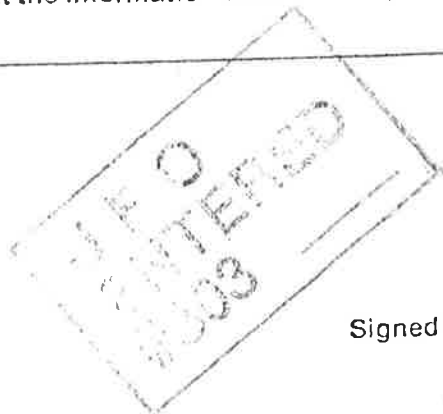
I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60655
New Address [REDACTED] Zip Code 60655
Effective Date 1-12-87
New Phone Number _____

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 1-9-87

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(see reverse side)

ILLINOIS STATE POLICE
BUREAU OF IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60432-4075

CHICAGO POLICE DEPARTMENT
3510 SOUTH MICHIGAN
CHICAGO, IL 60653

PURSUANT TO A FINGERPRINT BASED SEARCH USING THE FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, THE FILES OF THIS BUREAU FAILED TO REVEAL ANY CRIMINAL RECORD FOR THIS SUBJECT. THIS FINGERPRINT CARD IS BEING RETAINED BY THE BUREAU OF IDENTIFICATION.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE FEEL FREE TO CONTACT THE BUREAU OF IDENTIFICATION AT (815) 740-5160.

IDENTIFIERS

DCN: [REDACTED]

TCN: [REDACTED]

SUBMISSION TYPE: APP RESULT: NEW SID CREATED SID: [REDACTED]

Name: OBRIEN, JAMES W

Sex Code: M

Race Code: W

DOB: [REDACTED] 1958

STATE USE ONLY

WARNING: Release of this information to unauthorized individuals or agencies or misuse is prohibited by Federal Law Title 42 USC 3787g pertaining to criminal history information.



City of Chicago
Employee Residency Affidavit

Department Chicago Police Bureau UNIT 044
Name O'BRIEN, James W.
Position title PROBATIONARY Police Officer
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]
Chicago, IL zip code 60655

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 13 - Oct, 86

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

0165-4525 16 31900
[REDACTED] -58 M 05-06-86 86- [REDACTED]

PURSUANT TO THE PROVISIONS OF THE ILLINOIS VEHICLE CODES THE FOLLOWING INFORMATION IS FURNISHED FROM THE DRIVERS LICENSE FILE OF THE PERSON IDENTIFIED ABOVE

JAMES W O PRIEN

CHICAGO 30655

SEX	DOB
Y	58

SEX	DOB	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
M	6	05	220	ARM	BLUE	2	06	21	85

FILE OF RECORD	DATE OF ARREST	DATE OF ACTION	DESCRIPTION OF ACTION	ACCIDENT OR DOCKET NO	TERMINATION DATE OF ACTION	STOP IN EFFECT
NO CONVICTIONS ON RECORD * END OF RECORD *						

[REDACTED]

Secretary of State

(SEE REVERSE FOR EXPLANATION OF CODES AND COLUMN HEADINGS)

County of Cook
TY OF CHICAGO

STAR 8825

I, JAMES W. O'BRIEN having been appointed to the
(PRINT)
Police Officer

office of _____
do solemnly swear that I will support the Constitution of the United States, and the Constitution of the
State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the
best of my ability.

bscribed and sworn to before me, this

26 day of Dec 1986

NOTARY PUBLIC

SIGNATURE

26 DEC 86

ADDRESS

(PRINT)

60655

CPD 62.153 (2/74)

SOS 442336 2002

STA/VALID

O BRIEN JAMES W

CHICAGO 60655

SEX/M DOB/

6 HGT/6'05 WGT/220 HAIR/BRO EYE/BLU

OLN

OLC/A* OLT/DUP EXP/110687 ISS/062185

RES/NONE

NO STOPS IN EFFECT

NO CONV LAST 12 MO

END

007

DEPARTMENT OF PERSONNEL
CITY OF CHICAGO

TO: DEPT OF POLICE
RE: O'BRIEN, JAMES



THE ABOVE EMPLOYEE HAS ATTAINED CAREER SERVICE STATUS
AS OF 10/13/87 IN THE TITLE OF POLICE OFFICER

JESSE E. HOSKINS
COMMISSIONER OF PERSONNEL

SUICIDE

Date 5 OCT 95

ACKNOWLEDGEMENT OF RESPONSIBILITY

I James W. O'Brien do hereby acknowledge receipt
of a Chicago Police Department photo identification card. I
understand that I am bound by all Department directives regarding
the possession, display and use of this card.

Signature 

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT	JOB TITLE	DATE
610	DETECTIVE	12 Nov 98

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)	STAR/BADGE NO.	EMPLOYEE NO.	SOCIAL SECURITY NO.
O'Brien, James W	20466		

PRIMARY EMERGENCY NOTIFICATION

[Redacted area]

**SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION**

TO: COMMANDER OF POLICE PERSONNEL

FROM:

NAME:

James O'Brady

TITLE:

DETECTIVE

SOCIAL SECURITY NO:

[REDACTED]

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

**I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.**

SIGNATURE:

[REDACTED]

DATE:

24 JAN 03

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: JAMES W. O'BRIEN

TITLE: DETECTIVE

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 24 JAN 05

WITNESS SIGNATURE: [REDACTED]

DATE: 24 JAN 05

Person Making Designation of Beneficiary:

JAMES W. O'BRIEN
Print name (first, middle, last)

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address
of each beneficiary:

Relationship,
if any:

Percentage Shares:



_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print name (first, middle, last) of person making designation of beneficiary:

JAMES W. O'BRIEN

Address: [REDACTED] Chicago, IL 60655

Date of Birth: [REDACTED] 58 Social Security Number: [REDACTED]

Place of Employment under the Act: CHICAGO POLICE DEPARTMENT

Address: 1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of Witness: _____ Signature of person making designation of beneficiary: _____

[REDACTED]

Address of Witness:
5101 S. WENTWORTH

Chicago, IL. Date: 2 Dec 98

*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

RECORD/DOCUMENT REQUEST
OFFICE OF LEGAL AFFAIRS/CHICAGO POLICE

DATE

14 Dec 93

TO: DIRECTOR
PERSONNEL DIVISION

CHICAGO POLICE

FROM: OFFICE OF LEGAL AFFAIRS
TELEPHONE 747-8448, PAX 0-484

16 DEC 93 07 50

CASE NAME

JACKSON v City

POLICE PERSONNEL DIVISION

OLA NO

93-188

Attached hereto is a photocopy of a request(s) from the Department of Law for certain records or documents. Please review this request and send complete copies of these documents requested which are under the control of your unit.

Please provide these records or documents on or before 20 Dec 1993

PLEASE RETURN THIS AND THE ATTACHED SHEET WITH THE DOCUMENTS YOU PROVIDE THIS OFFICE.

Please indicate below any documents you have NOT provided as requested and give the reason.

REPORT(S) NOT PROVIDED	REASON				
	BEYOND RETENTION SCHEDULE	NOT FOUND	REPORT DELAYED	SKIPPED R.D.	INSUFFICIENT INFO PROVIDED/ OTHER
<input type="checkbox"/> PERSONNEL FILE					
<input type="checkbox"/> MEDICAL FILE					
<input type="checkbox"/> PSYCHOLOGICAL FILE					
<input type="checkbox"/> HOSPITAL BILLS					
<input type="checkbox"/> PERSONNEL CONCERNS RECORD					
<input type="checkbox"/> OTHER (DESCRIBE)					
<input type="checkbox"/> OTHER (DESCRIBE)					

PERSON ANSWERING THIS INQUIRY MUST SIGN HERE

Unless otherwise indicated above, by your signature you attest that you have completely filled the attached request.

SIGNATURE	PRINT NAME	STAR NO	DATE
-----------	------------	---------	------

4

ALL INFORMATION REQUESTS MUST BE MADE ON THIS FORM

NO TELEPHONE REQUESTS WILL BE HONORED

Please type

TO:

THE OFFICE OF LEGAL AFFAIRS

FROM:

CHICAGO POLICE DEPARTMENT

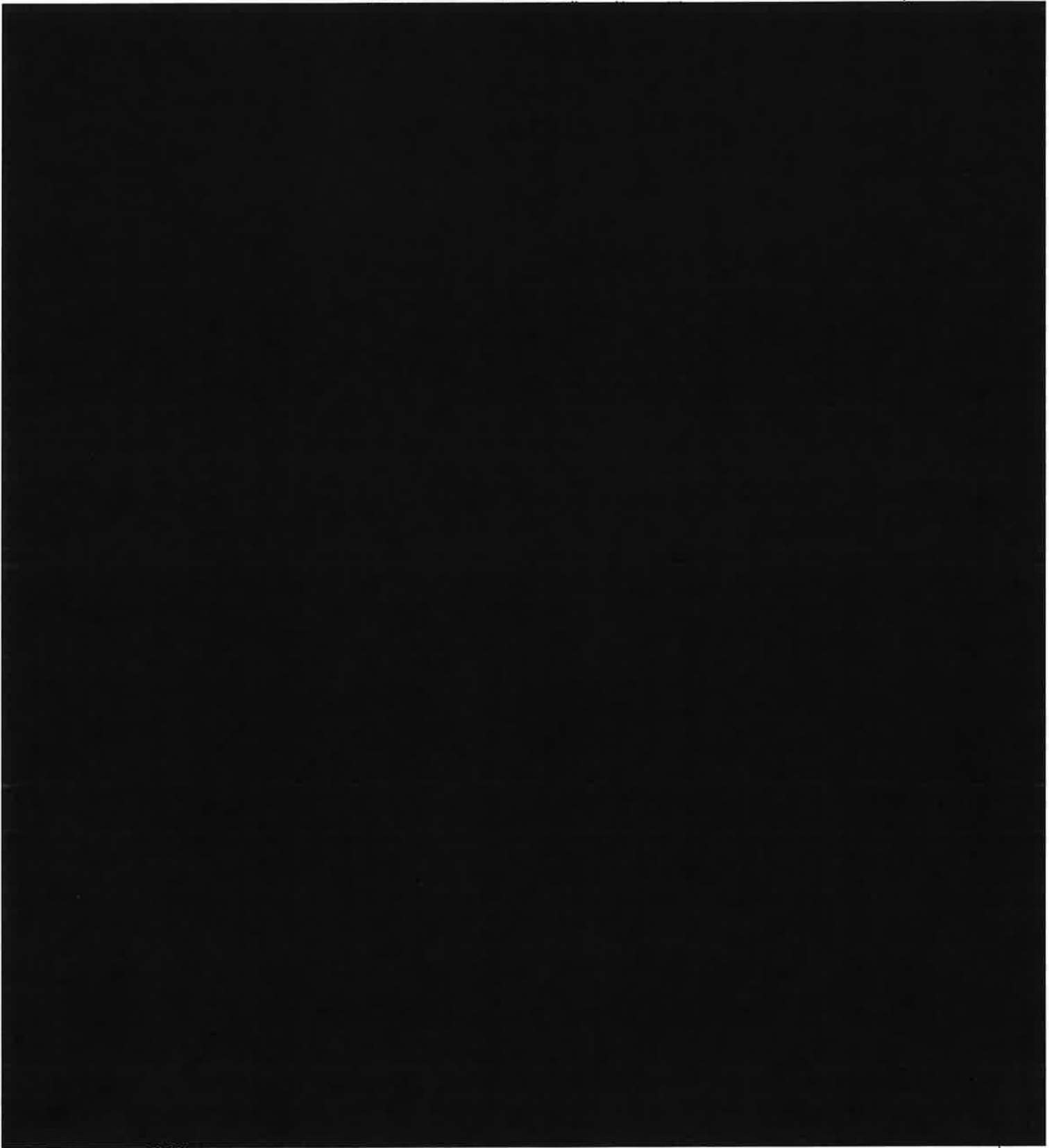
LAW DEPARTMENT, ACC [REDACTED]

Phone # 744- 0747

Date: 12 / 10 / 93

Please Respond By

12 / 27 / 93



✓


400

9

1: Attorney General of Illinois
Room 300 - 188 W. Randolph St.
Chicago, Illinois 60601

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL
DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS AND FIREMEN COMPENSATION ACT,"
I hereby designate the following as beneficiary or beneficiaries, in the event that
the \$50,000 benefits are payable by reason of my death in the line of duty:

<u>Complete Name & Address</u> <u>of Each Beneficiary</u>	<u>Relationship,</u> <u>if any</u>	<u>% Share</u>
		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name JAMES WILLIAM O'BRIEN
(first) (middle) (last)

Address:  Chicago, IL 60655

Date of Birth:  58 Social Security #: 

Place of Employment under the Act: Chicago Police Department

Address: 1121 South State St. Chicago, Illinois 60605

 (Signature of Witness)  (Signature of Beneficiary)

 (Address of Witness) 10-13-86 (Date)

TO: COMMANDING OFFICER, PERSONNEL INVESTIGATIONS.

FROM: DET. S. Goluck

DATE: 29 Aug 86

EXAM #: 50003-4

CASE #: 86P2512

BACKGROUND INVESTIGATION OF: [NAME] James O'Brien

ISSN: [REDACTED] [RACE] W [D.O.B.] [REDACTED] 1952

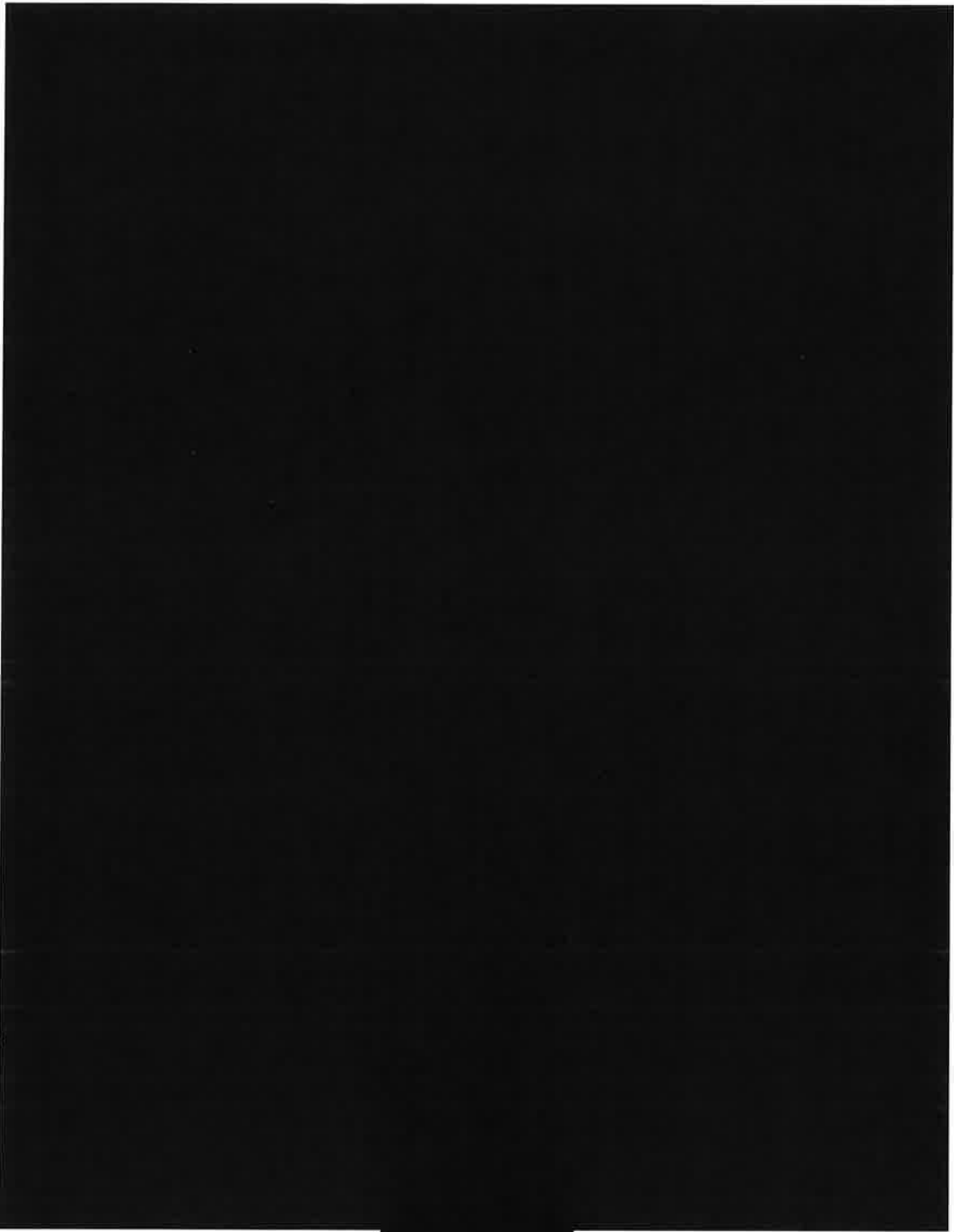
[ADDRESS] [REDACTED] [ZIP] 60655

PH. PHONE: [REDACTED] [WK. PHONE] [REDACTED]

[INTERVIEW DATE/ TIME/ LOCATION] 29 Aug 86 11:00 AM [REDACTED]

YES	NO	MEETS BACKGROUND STANDARDS IF "YES" BOX IS CHECKED	(CODE)	ATTACHMENT REQUIRED CHECK BOX
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION I:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. PERSONAL HISTORY QUESTIONNAIRE COMPLETED		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. BACKGROUND INVESTIGATION COMPLETED		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. CONFORMS TO ALL STANDARDS		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION V: PROOF OF RESIDENCY		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AGE	(1)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESIDENCY / PROOF OF RESIDENCY	(2)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDUCATION / TRANSCRIPTS or GED	(3)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICAL / MEDICAL DOCUMENTS	(4)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION II: PAST CRIMINAL RECORD		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. FELONIES - FORCIBLE	(5)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. CRIMES - OTHER	(6)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. HARD DRUGS	(7)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. MARIJUANA	(8)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	E. SEX OFFENSES AND BODILY HARM	(9)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. CRIMINAL DAMAGE AND TRESPASS	(10)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	G. GUNS	(11)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	H. AUTOMOBILE	(12)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I. DISORDERLY CONDUCT	(13)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. CRIMINAL ACTS	(14)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION III: PAST EMPLOYMENT & JUDGMENTS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. JUDGMENTS	(15)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. PREVIOUS EMPLOYMENT	(16)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION IV: MILITARY HISTORY		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. TYPE OF DISCHARGE	DD214 (17)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. MILITARY RECORDS / OFFENSES (IF APPLICABLE)	(18)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION VI: PERSONAL HISTORY QUESTIONNAIRE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FALSE STATEMENTS	(19)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION VII: WAIVER		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WAIVER / INITIAL DATE	(20)	<input checked="" type="checkbox"/>

FILED BY:



STAR # 8825

Emp #





City of Chicago
Department of Personnel
Room 1101 - City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

CITY OF CHICAGO APPLICATION FORM

PLEASE PRINT PRESS FIRMLY

Notice of Job Opportunity Title and Title
Code No.

NAME		Date 10/1/86	
Last	First	M.I.	
O'Brien	James		
PRESENT ADDRESS			
[Redacted Address]			
No.	Street	City	State
		Chicago	Ill.
Zip		Art. No.	P.O. Box
744-8310			
BIRTH DATE		DRIVER'S LICENSE NO.	
[Redacted]		[Redacted]	
MALE <input checked="" type="checkbox"/>		FEMALE <input type="checkbox"/>	
Home Phone		[Redacted]	

[Redacted Signature Area]	
[Redacted Address Area]	
[Redacted Information Area]	

WHITE DEPARTMENT OF PERSONNEL COPY
YELLOW APPLICANT RECEIPT COPY
AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER

Signature



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: DET. JAMES O'BRIEN

RANK/TITLE: DETECTIVE

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 17 FEB 2007

WITNESS' SIGNATURE: [REDACTED]

DATE: 17 FEB 07

STATE OF ILLINOIS } ss.
County of Cook

I, STANLEY J. KUMPER, JR., County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.



PERSONAL HISTORY QUESTIONNAIRE

CHICAGO POLICE DEPARTMENT

3. NAME (LAST - FIRST - M.I.) (PRINT)

1. POSITION APPLIED FOR / EXAMINATION

☒ POLICE OFFICER

NO. 50003

OTHER - SPECIFY

☐

2. DATE

27 Apr. 86

4. MAIDEN NAME (if appl.)

N/A

5. HOME PHONE

6. BUSINESS PHONE

7. HOME ADDRESS (STREET NO. & NAME)

O'BRIEN, James W.

(APT. NO.) (COUNTY)

(CITY & STATE, ZIP CODE)

8. SOCIAL SECURITY NO.

Cook, Chicago, IL 60655

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the continuation section. Before each explanation write the reference number of the item. Use this section in the same manner, if your answers need more space than provided.

Do not leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible.

RIGHT TO APPEAL

If the Chicago Police Department finds you to be "not qualified," this finding will be forwarded to the Department of Personnel.

After the Department of Personnel receives the finding that you are to be found "not qualified," the Department will send to you by mail a form that asks whether you desire a hearing. If you wish a hearing, check the appropriate box and mail the form back to the Chicago Department of Personnel. If you do not mail the form to the Department within ten days, no hearing will be held and the Chicago Police Department recommendation that you are "not qualified" will be accepted by the Department of Personnel.

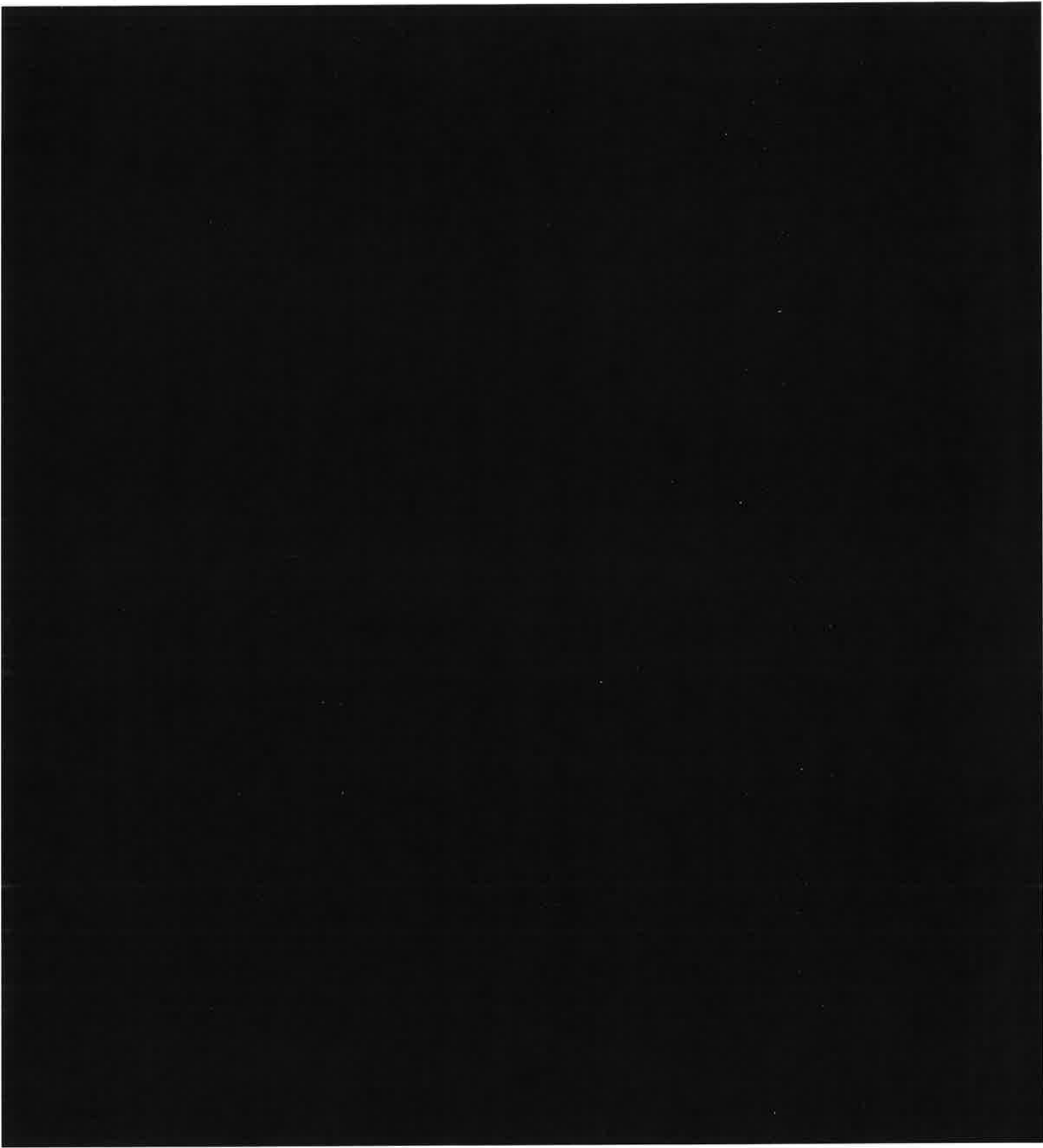
If you desire a hearing, you may be represented by counsel at such hearing. Any hearing before the Department will be conducted in accordance with the Rules of the Department of Personnel.

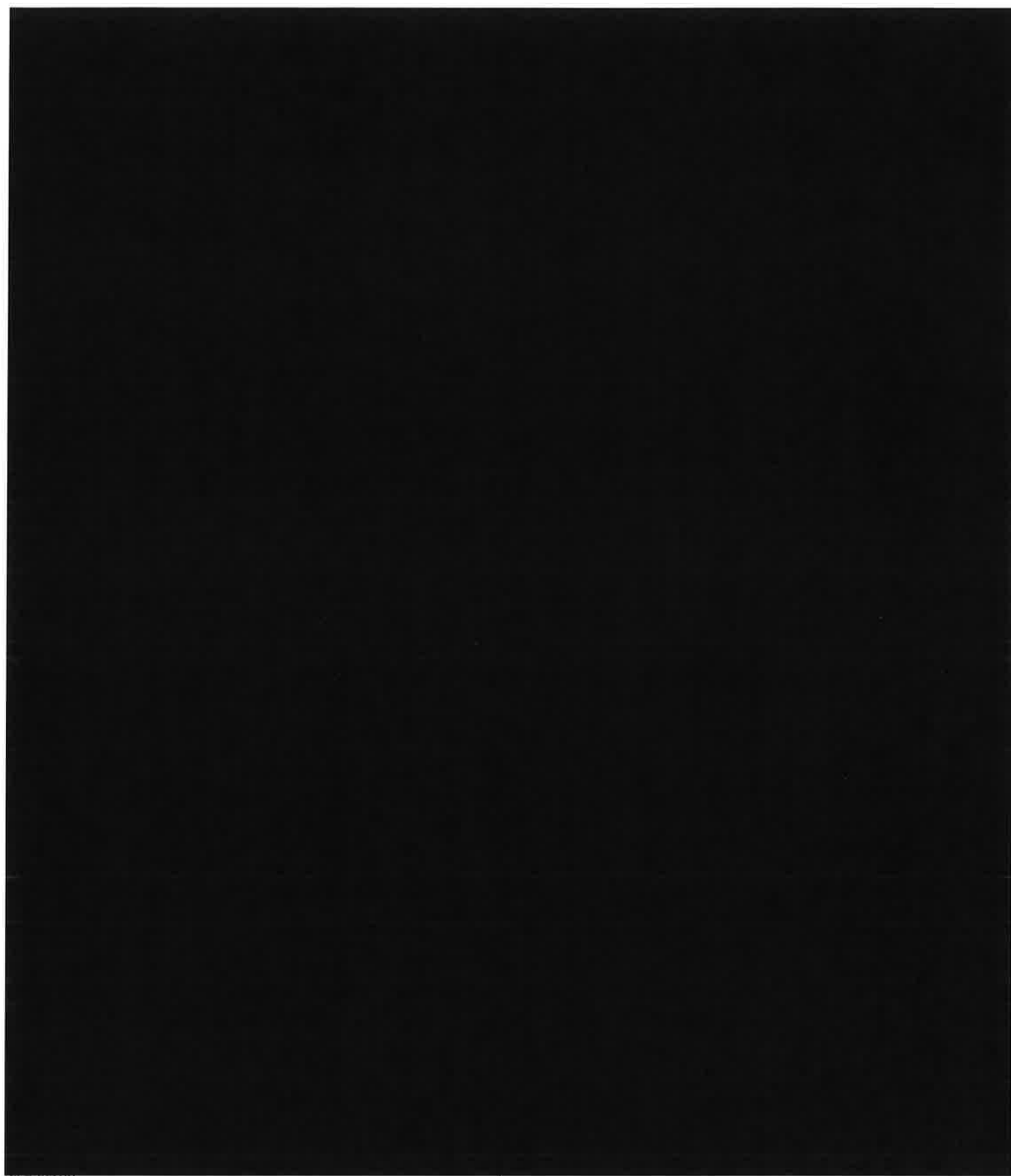
I understand that all of the appeal procedures are available to all candidates and that additional opportunities will be made available to provide clarification of the items on the questionnaire.

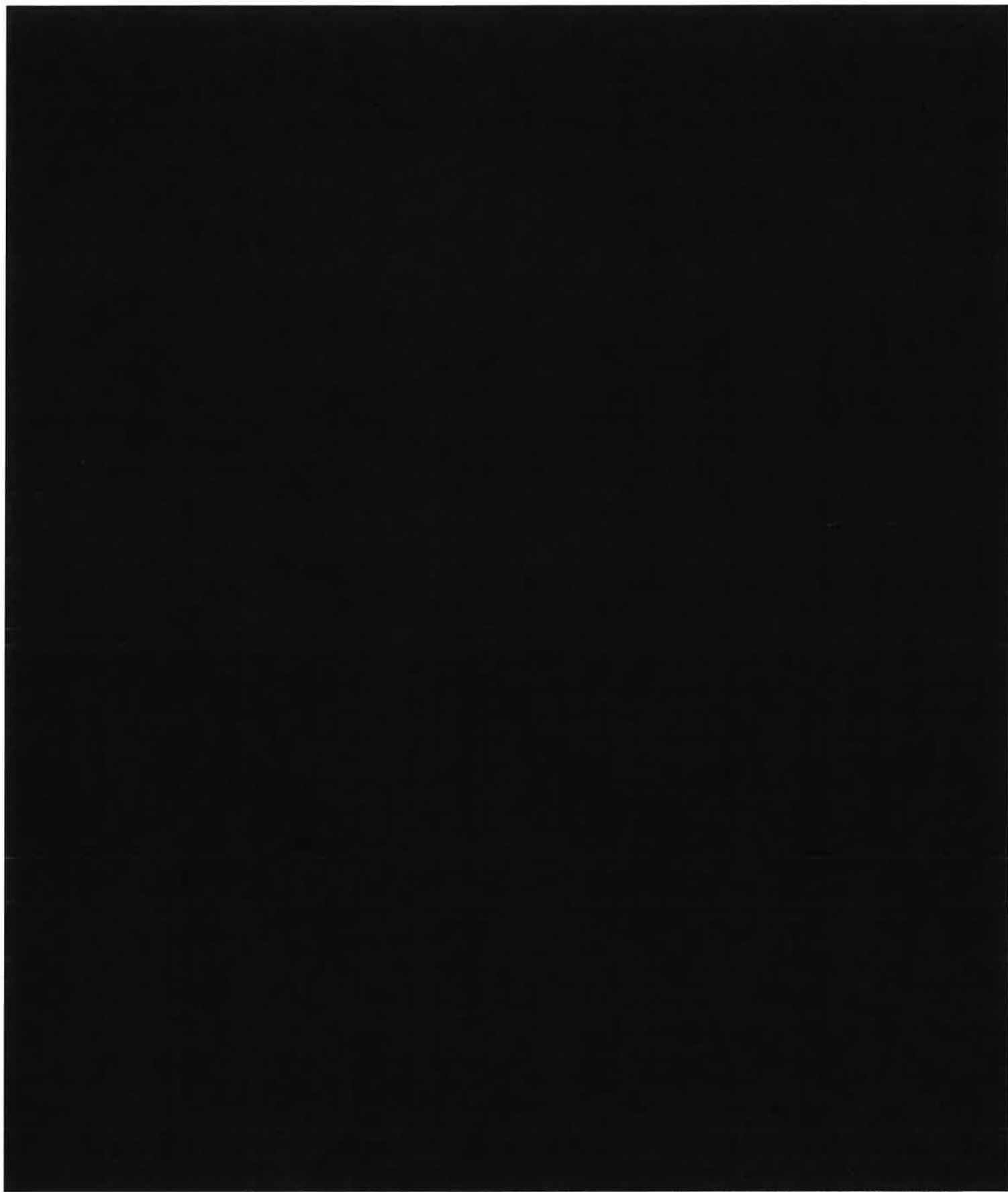
I have read and I understand all of the above instructions applying to this (police officer) preinterview questionnaire.

DATE

27 Apr. 86

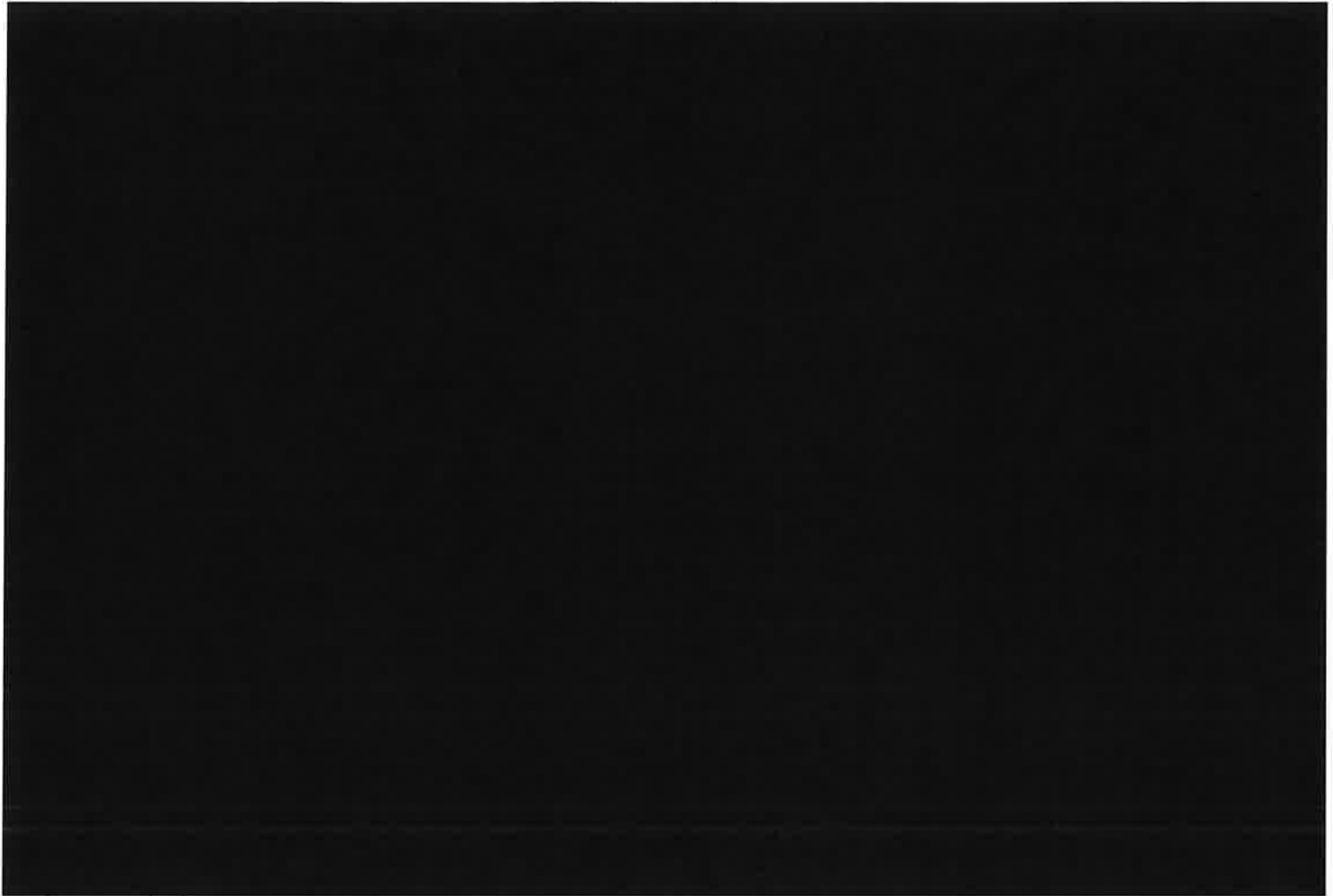








CONTINUATION SECTION



Below the redaction, there are several horizontal lines for handwritten notes. On the left side, there are some faint handwritten marks that appear to be '9' and '1'.



DATE

27 APR, 86

CHICAGO POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, JAMES W. O'BRIEN, do hereby authorize a review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

SIGNATURE (include maiden name) _____

ADDRESS: _____

Chicago, Ill. 60655

PHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO. _____

WITNESS: _____

DATE 4-27-86